

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1585075

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1			52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10		9		1		1	60						
11	1		1		1		61						
12		1		1			62						
13							63						
14		4		1			64						
15							65						
16	1		1				66						
17							67						
18							68						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.		←	13	←		←	TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS			16				TOTAL CLAIMS						